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Acute Psychiatric Group Therapy for Hospitalized Individuals with Serious and Persistent Mental Illness

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Immanuel St. Joseph's
Mayo Health System

Introduction

Mental illness is a medical condition that one in 17 Americans suffer. It impairs their moods, feelings, interpersonal relationships, and daily functioning. With treatment, between 70 and 90 percent of individuals can have improved well-being. Without it, many will become homeless, inappropriately incarcerated, or take their own lives (NAMI, 2009).

Statement of Purpose

The purpose of this study was to identify group therapy interventions to be provided during a time limited acute psychiatric hospitalization for individuals with serious and persistent mental illness (SPMI) derived from evidenced-based research.

Research Question

What skills deficits and theory of practice are most efficacious with individuals with SPMI diagnosis served by ISJ Behavioral Health Unit?

Immanuel St Joseph's Behavioral Health Unit

Immanuel St Joseph's (ISJ) Hospital is an owned affiliate of Mayo Clinic in Rochester and serves as a regional hub for southern Minnesota. The behavioral health unit at ISJ provides mental health services to adults in a crisis situation in a secure setting.

Within the 12 bed behavioral health unit, adults between the ages of 18-50 represent 81.5 percent of those admitted. Of those admitted, they have a multitude of diagnoses and stay for a varying amount of time with the average length of stay at 6.6 days. While the specific diagnoses represented over the last six months is broken down into fifty-nine different diagnoses, representing 205 admissions (some individuals with multiple admissions), 61percent of the recorded diagnoses fell into the definition of (SPMI) within one of the four diagnoses, including: major depression ($n=72$), bipolar disorder ($n=35$), schizophrenia ($n=18$) or borderline personality disorders ($n=4$). The population of patients that are identified as "other" in Figure 1 are represented by a multitude of varying diagnoses that were too indiscriminant to break down into further groups.

Evidenced-Based Practice and the Need for it on the Behavioral Health Unit

Evidenced-based practice is a process that integrates current research along with clinical expertise and patient needs for effective treatments of specific problems. With time-limited hospitalization of individuals with varying diagnoses, it is imperative that groups emanate from evidenced-based research and are based on best practice models. To practice with effective treatment, the treatment should be evidenced-based and theory driven (Malloch & Porter-O'Grady, 2006).

Serious and Persistent Mental Illness

There is an ongoing debate over the most universal definition of serious and persistent mental illness (SPMI). Authors disagree on duration, diagnosis and severity, but many agree that it is a medical condition that disrupts an individuals thinking, mood, feeling, daily functioning, and ability to relate to others (American Psychiatric Association [APA], 2000). When attempting to designate a diagnosis to the definition of SPMI, many authors tend utilize the diagnoses of major depression, schizophrenia, bipolar disorder, borderline personality disorder, and, in less used definitions, obsessive compulsive disorder, panic disorder and post traumatic stress disorder where also identified (Spollen, 2003). For the purpose of this research review, the four primary diagnoses that were most evident were studied and include: major depression, schizophrenia, bipolar disorder, and borderline personality disorder.

Methodology

A systematic review of literature was conducted supporting evidenced-based practices on group therapy. The data was collected from journal sources that produced research on studies of therapeutic treatment of individuals with bipolar disorder, borderline personality disorder, major depressive disorder, and schizophrenia. Based on the research, the information was then organized into three areas of measure including skills to be addressed in group settings, effective therapy techniques, and outcomes of successful group therapy interventions.

Based on the literature review, the skill deficit areas that were noted as predominant in the diagnoses, were formulated into a table of skills recommended to address during group as seen in Figure 2. The therapy techniques that the literature review suggested were efficacious are listed, based on diagnoses in Figure 3. The outcomes of successful group therapy are then listed in Figure 4 and are addressed in the findings section.

Figure 1-Immanuel St. Joseph's Behavioral Health Unit Diagnoses

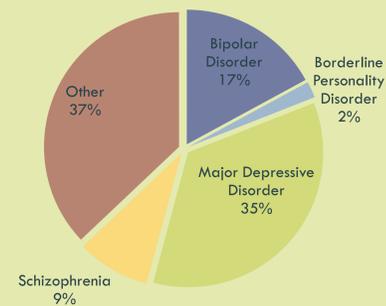


Figure 2-Skills Deficits to Address in Group Therapy

	Relationship Skills	Social Skills	Vocational Skills	Schedule/interpersonal and social rhythm therapy	Activities of Daily Living	Goal Setting	Insight-Oriented	Problem Solving Skills	Consequential Thinking	Coping Strategies	Recognition of Symptoms
Bipolar Disorder	X	X		X			X	X	X	X	X
Borderline Personality Disorder	X	X				X	X	X	X	X	
Major Depressive Disorder	X			X			X			X	X
Schizophrenia	X	X						X	X	X	X

Figure 3-Effective Therapy Techniques

	Cognitive Behavioral Therapy	Psychoeducation	Dialectical Behavior Therapy	Brief Psychodynamic Intervention	Interpersonal Therapy
Bipolar Disorder	X	X			
Borderline Personality Disorder		X	X	X	
Major Depressive Disorder	X	X		X	X
Schizophrenia	X				X
Appropriate in a short-term, inpatient setting	X	X		X	X

Figure 4-Outcomes of Successful Group Therapy Techniques

	Maximized Treatment Gains	Decreased Suicidal Behavior	Improved Social Cognition Skills	Formation of meaningful relationships	Improved Quality of Life	Community Social Integration	Reduced Social Anxiety	Decreased Hospitalization Rates	Decreased Episodes	Decreased Recurrence of
Bipolar Disorder	X		X	X	X	X		X		X
Borderline Personality Disorder	X	X	X	X	X	X	X	X		
Major Depressive Disorder	X	X		X	X			X		X
Schizophrenia	X	X	X	X	X	X	X	X		X

Literature Review

Many studies have addressed the components of intervention that are most important for individuals with bipolar disorder, borderline personality disorder, major depressive disorder and schizophrenia. The literature shows that with successful intervention at a group therapeutic level, individuals will have increased success as represented in Figure 4.

Bipolar Disorder- Bipolar Disorder is a mood disorder in which approximately two million American adults live with and is characterized when the individual experiences one or more manic episodes that alternate with major depression, similar to a rollercoaster effect (APA, 2000).

Borderline Personality Disorder-According to the *DSM-IV-TR* (2000), borderline personality disorder is a pattern of instability in interpersonal relationships, self-image, and unmarked impulsivity that begins in early adulthood. Borderline individuals make up 20 percent of the psychiatric inpatients served and is observed in two percent of the total population.

Major Depressive Disorder-The literature review demonstrated that Major Depressive Disorder is characterized by the individual having one or more major depressive episodes without a history of manic, mixed, or hypomanic episodes (APA, 2000). It is a disorder that impacts 16.6 percent of individuals in the United States. The research shows that 72.1 percent of these individuals have a comorbid disorder, most commonly being anxiety.

Schizophrenia- Schizophrenia is a chronic, mental disorder that is characterized by abnormal patterns of thoughts and perception, that impacts one in one hundred people at some point in their lives (McCann & Bowers, 2005). While the specific causes of schizophrenia are unknown, the onset of schizophrenia is likely due to a mix of biological, psychological, and social influences and can often be detected pre-morbid in symptoms such as social withdrawal, deterioration in self-care, and other "odd" behaviors (Corcoran & Walsh, 2009).

Individuals with a diagnosis of SPMI represent six percent of the Americans, and often carry a level of skill deficit that impairs their daily relationships and functioning (NAMI, 2009). Research has shown that with successful intervention many individuals with SPMI can reduce the impact that their diagnosis has on their life. Until the 1980's, the most effective and highly used treatment of individuals with SPMI was neuroleptic medication (McCann & Bowers, 2005). Within the last couple decades, specialists have attempted to develop alternative treatment models to assist these individuals with SPMI.

While the use of medications as a primary treatment modality for SPMI will not be replaced by psychosocial intervention, research has shown that psychological and social interventions can reduce symptoms and relapse rates. There are many skills to address in groups and theories to practice, yet evidenced-based research has consistently shown that cognitive-behavior therapy and social skills training are successful (McCann & Bowers, 2005).

Meuser and Drake (2005) identified nine major domains of meaningful outcomes for individuals with SPMI when their areas of deficit are addressed with appropriate intervention. The major domains include: 1) reduction of symptom, 2) improvements of social and role functioning, 3) increased self-care skills, 4) increased independent living skills, 5) reduction in hospitalizations, 6) securing stable and independent housing, 7) enhanced quality of life, 8) better control of substance abuse, and 9) improvements in general health. It is these domains, that motivate professionals to develop efficacious programs.

Findings

Results of the literature review indicated that the skills that should be addressed through group therapy in an acute setting include social, relationship and coping skills. Cognitive behavioral therapy (CBT) has been shown to be the most effective treatment theory utilized with patients diagnosed with SPMI in an acute treatment setting. In reference to outcomes of successful group therapy, the four diagnostic categories had many similar positive outcomes including decreased hospitalizations, increased treatment gains, and improved quality of life.

Implications and Recommendations for Use at Immanuel St Joseph's Hospital

Based on findings of this project, it is recommended that Immanuel St. Joseph's Behavioral Health Unit staff implement a therapy group for patients diagnosed with SPMI utilizing cognitive-behavior therapy with a focus on social and relationship skills such as expression of feeling, and coping skills that assist in the daily functioning with their mental illness.